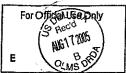
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. Name DAVIEL RUELCH	2. Fiscal Year Covered From: Through: D 31 / 04 4. Name, file number, and address of labor organization.		
	4. Name, file number, and address of labor organization.		
Name DAVIEL RWEICH			
	Name UFCW LOCAL 1444		
	Labor Organization File Number 057-079		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2001 N. MAYEAIR RA	Street 2001 N. MAYFAIR RD		
city M. Twanbee	city Milwaukee		
State WISCAUSIN ZIP Code + 4 53226	State WISCOUSIN ZIP Code +4 53226		
5. Position in labor organization.			
A. Held an interest in, engaged in transactions (including loans) with, or d monetary value from an employer whose employees your organization	sions set forth in the instructions): lerived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	7.b. Amount.		
City			
Oity			
State ZIP Code + 4			
Signa			
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyin undersigned's knowledge and belief, true, correct, and complete. (See the sect)	on documents) has been examined by the signatory and is, to the best of the		
Signed Daniel RWILL	On 8/11/05 414-476-1444 Date Telephone Number		

Name of Person Filing DANIELR WELC	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name MARK HAWTHORNG	9. Business deals with:	in the second second
Trade Name, if any: ROBELT W. BARA CO P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust	
Street 777 E. WISCOUSIN AVE	c. Employer	
State Wisconsu ZiP Code + 4 53200		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	1.31
Name UFOU NOWS + EMPLOYERS PERSION	2 Milwankee Bucks	rickers
Trade Name, if any:	A process	er e
P.O. Box, Bldg., Room No., if any Street 2100 N. MAYFALP P.D.		7.1.S.
	11.b. Approximate dollar value of such dealing.	UNKNOWN
City M: Infulce	12.a. Nature of interest held or income received	
State Wiscows IN ZIP Code + 4 53226		-
	12.b. Amount.	Period State of State
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		Expression of the state of the
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
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Name of Person Filling DANIEL R WELCH	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to or otherwise	
8. Name and address of Business (including trade name, if any). Name Bill Supple Trade Name, if any: Boston Pactives Asset MET. P.O. Box, Bldg., Room No., if any Street BS STATE ST 20th FLOOR City BosTon State MA ZIP Code + 4 03 109-1775	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW UNIOUS + EMPLOYERS PERSION PLAW Trade Name, If any: P.O. Box, Bldg., Room No., if any Street 2100 N. MAYFAIR RO	5/10/04 DINNER	
	11.b. Approximate dollar value of such dealing.	unknown
city Milwaukee	12.a. Nature of interest held or income received.	
State WI ZIP Code + 4 53226		-
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filling DAWIE) R. WELCH.	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to or otherwise	
8. Name and address of Business (including trade name, if any). Name ROBERT CARR TR	9. Business deals with:	_
Trade Name, if any: FIDUCIALY MANAGEMENT ASSOC	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street 55 WI MONROE ST SUITE 2550 City CHICAGO		
State TL ZIP Code + 4 60603-5093		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFOW UNIOUS + ENDUGIES PENGION PLAN	GOLF 6116104	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 2000 N. MAYFAIR RI		
City Milwantee	11.b. Approximate dollar value of such dealing.	[UN Crown]
	12.a. Nature of interest held or income received.	·
State WT ZIP Code +4 53226		
	12 h Amount	·
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and R above)	
C. Received from any employer (other than an employer covered under	r parts A and R above)	
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Name of Person Filing DANIEL R WELC	File Number	U-
B. Held an interest in or derived income or economic benefit with monetary or substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business lively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name JIM ASHLUMS	·	
Trade Name, if any: FREY BERG, HINKLE, ASHLAND	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 15420 W. CAPITOI DR.	c. Employer	
City BROOKFIELD		
State WI ZIP Code + 4 53005-2621		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name GFOW WHOMS + EMPLOYERS PEUSION PLANT	6173/04 GOL	F OUTING
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street 3) 66 N. MAYFAIR RD		
City Milwhole	Approximate dollar value of such deali Approximate dollar value of such deali Approximate dollar value of such deali	
State ZIP Code + 4 5 3 2 6	Texas reaction interest field of thoofile fe	ceived.
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	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		1
P.O. Box, Bldg., Room No., if any		
Street		
City		
		11
State ZIP Code + 4		
State ZIP Code + 4 ZIP Code + 4 7 3.b. Is the Business an Employer 7 or Consultant 7	14.b. Amount of payment.	

Name of Person Filling DAV1E1 R-WELCH	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary visus substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name NORM SIOLED Trade Name, if any: NATIONA INVESTMENT SERVICES P.O. BOX, Bldg., Room No., if any P.O. BOX D843 Street CHICAG-D 2 State IL ZIP Code + 4 60610-0843	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW UNIVESTRUPLEYELS PUBLICULAR Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2100 N. MAYSAIR RA	602F 8/13/04	
	11.b. Approximate dollar value of such dealing.	unknow
city Milwaukea	12.a. Nature of interest held or income received.	
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State W.T. ZIP Code + 4 53 > 2-6		
State W ZIP Code + 4 53→ 2-6	12.b. Amount.	
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C. Received from any employer (other than an employer covered unde	r parts A and B above)	
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Name of Person Filing DANIE R WELL	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or	
8. Name and address of Business (including trade name, if any). Name The MAS FUNK Trade Name, if any: PEIN NALOT BOLLME, VAN NEWELL P.O. BOX, Bldg., Room No., if any Street 1000 N. WATER ST City Milwauce State WI ZIP Code + 4 53200	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UPCW UNIONS & EMPLOYERS PENSION DIAN Trade Name, If any: P.O. Box, Bldg., Room No., if any Street 2100 N MAYFAIR RD	G017 8128104	
	11.b. Approximate dollar value of such dealing.	UNICNOWN
city Milwauker	12.a. Nature of interest held or income received.	
State WT ZIP Code + 4 53926	-	
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	12.b. Amount	
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er narts A and R above)	
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or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.	
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	er parts A and B above) or other thing of value.	
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Name of Person Filing DANIEL R. WELCH	File Number U-
B. Held an interest in or derived income or economic benefit with monetary versus substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or
8. Name and address of Business (including trade name, if any). Name TM GRITINGEZ Trade Name, if any: US BANK P.O. Box, Bldg., Room No., if any Street 777 E. WISCANSIN AVC City M. WHUER State WT ZIP Code + 4 53002	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name UFOW UNIONS + EMPLOYED PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any	PACKER TICKETS (2) 10/11/04
Street 2100 N. MAYFAIR RU	11.b. Approximate dollar value of such dealing.
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State WT ZIP Code + 4 S3226	
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
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State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Daivie R- Welch	File Number U-
B. Held an interest in or derived income or economic benefit with monetary ve substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name WEW WNOVS + ENDUGES PEVEJON PAN Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. TITECHATIONAL FOUND ATION OF EMPLOYEE BENEFIT PLANS EDUCATIONAL CONFERENCE
Street 2) CON. MINYFAIR RD City M; IWANKER State WISCONSIN ZIP Code + 4 53226	11.b. Approximate dollar value of such dealing. 42,000. 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered unde	12.b. Amount.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	or other thing of value. 14.a. Nature of payment.
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13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name Of Person Filling LANIE! R. WELCH	File Nu	ımber U-
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to or otherwise	
8. Name and address of Business (including trade name, if any). Name CHARIES 州名を名を	9. Business deals with:	
Trade Name, if any: ARY ASSET MANAGENENT P.O. BOX, Bldg., Room No., if any	a. Labor Organization b. Trust	
Street I NEW YORK PLAZA - 201th FLOOR City NEW YORK	c. Employer	
State NEW YOLK ZIP Code + 4 1000 4	44 - Nicker Tank in the	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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Sheet 77 10 10 10 10 10 10 10 10 10 10 10 10 10	11.b. Approximate dollar value of such	dealing.
city Mi WANICED	12.a. Nature of interest held or inco	
The state of the s	{	
State WJ ZIP Code + 4 53006		
State W.J. ZIP Code + 4 5300b	12 h Amount	
State W.J. ZIP Code + 4 5300b	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B ahous)	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value.	
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Name of Person Filling DANIEL R. WELCH	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or	
8. Name and address of Business (including trade name, if any). Name B; 1 \ Supple Trade Name, if any: Boston Metrical Asset Moto P.O. Box, Bidg., Room No., if any Street Bs State St Duyu FLOOR City Boston State MA ZIP Code + 4 03109-1775	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW WHENS & EMPLOYEES PENSION PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3100 N. MHYFAIR A	DINNER 1012/04	
City Milmanice	11.b. Approximate dollar value of such dealing.	ynkooun
State	12.a. Nature of interest held or income received.	
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value. 14.a. Nature of payment.	
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Name of Person Filling DAUIEL R. WE	ELCH	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to or otherwise		
8. Name and address of Business (including trade name, if any). Name ROBERT CARR Trade Name, if any: Flonciney Management XISSAC, P.O. Box, Bldg., Room No., if any Street SS W. Montes ST Suite 2550 City CHICAGO State IL ZIP Code + 4 60603-5092	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir		
Name UFOW UNIONS + EMPLOYESS PERSON OUN Trade Name, if any: P.O. Box, Bidg., Room No., if any	DINNER	12/3/04	
Street 2100 N-MBYFAR RA			
City Milwauffe	11.b. Approximate dollar value 12.a. Nature of interest held		
State VI ZIP Code + 4 S 300 h			
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		;
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			Philippina and the second seco
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature

Date